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## \*\* CONTINUING DATA \*\*\*\*\*

None *in*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None *in*IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED

\*\* 03/18/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d)	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
conditions met	Allowance	WA	10	16	3
Verified and	<i>[Signature]</i>				
Acknowledged	Examiner's Signature Initials				

## ADDRESS

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NEW HAVEN, CT

06510

## TITLE

Soot blower access apparatus

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.16 Fees ( Filing )
	No. _____ for following:	